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Multi-city study of drug misuse

1990 update of data

Dublin City report

Co-operation Group
to Combat Drug Abuse
and Illicit Trafficking in Drugs
(Pompidou Group)

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MULTI-CITY STUDY OF DRUG MISUSE

1990 UPDATE OF DATA

DUBLIN CITY REPORT

by

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The Multi-city study of drug misuse is a study carried out by the epidemiology experts of the Pompidou Group. The first study was done in 1987 in 7 cities: Amsterdam, Dublin, Hamburg, London, Paris, Rome and Stockholm. Since then Barcelona, Copenhagen, Geneva, Helsinki, Lisbon and Oslo have been added to the study. The long-term objective is to set up a network of approximately 25 cities.*

A synopsis of these 13 cities is published in a separate publication.

The views expressed are those of the authors.

Strasbourg 1992

**This document updates to 1990 data provided in the Council of Europe publication "Multi-City Study of Drug Misuse" (Strasbourg 1987).*

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INTRODUCTION

This report contains an update of information published in the "Multi-city Study of Drug Misuse" in 1987 for the Greater Dublin Area. In addition a more critical presentation of data already recorded is provided. This in some cases involved the correction of tabular information previously used, as on review some of the indicator data, for example, figures returned for police arrests, for drug-related Hepatitis B cases and for hospital admissions were found to be provisional. These alterations, generally minor, did not effect the overall trends of drug misuse discussed in the earlier report, nor for the time period covered up to and including 1990, in this paper.

A. DESCRIPTION OF THE CITY

A.1. History of Drug Misuse

All available evidence suggests that drug misuse in Ireland is mainly confined to the Greater Dublin Area and is of fairly recent origin. In the 1950's and early 1960's when amphetamine misuse was seen as a major problem in European, American and Asian countries, a study of amphetamine dependence was carried out in the local authority psychiatric facility of the city and county of Dublin. The findings showed that only 18 admissions during 1962 were given a diagnosis of "drug dependence-amphetamine type", or 0.9% of all admissions during that year (1).

In Dublin, however, the problem of drugs escalated in the mid-1960s centering mainly on amphetamines. Amid growing concern the Minister for Health set up a Working Party in 1968 to establish the extent of drug abuse in Ireland. Its report in 1971 revealed that there had been a three-fold increase in the number of people known by the Garda (Police) Drug Squad to be abusing drugs in Dublin from 350 in 1969 to 940 in 1970. There had also been a change in the pattern of misuse. Whereas originally a variety of drugs was involved including amphetamines, barbiturates and tranquillisers, the drugs most commonly misused in 1970 were cannabis and lysergic acid diethylamide (LSD). While the Working Party found no evidence of any significant misuse of heroin, they added that "the position should not be viewed with complacency" (2).

By 1982, the drug scene had changed again. The report of the Task Force on Drug Abuse in the Eastern Health Board area included evidence from sources, such as the National Drug Advisory and Treatment Centre, the Garda Drug Squad, general practitioners, and accident and emergency hospital departments which pointed to a sudden and dramatic rise in the number of young people misusing drugs, predominantly opiates (3).

A follow-up study of Dublin post-primary school students in the early 1980's showed a five-fold increase in drug use (mostly cannabis) among the student over the figure arrived at a decade earlier (4). A recent survey, also among Dublin post-primary school pupils, showed a lifetime prevalence rate of 22% for drugs, with cannabis predominating, double that found in the 1980-81 study (5).

In 1983, a study to ascertain the prevalence of both treated and untreated cases of drug misuse, in a defined north-inner Dublin city area, was carried out by the Medico-Social Research Board. The findings showed that 75 or 10% of young people aged 15-24 had used heroin during the time period under review, many injecting the drug daily (6).

Results from an investigation of a south inner-city area showed a similar high rate for true prevalence of heroin misuse for the 15-24 age group (7). However these inner city areas could not be regarded as representative of the city and a study in a more typical area showed that 2.2% of the same age group had been using heroin (8).

Collaborative research between the Medico-Social Research Board and the National Drug Advisory and Treatment Centre; confirmed the existence of a serious opiate abuse problem (predominantly heroin) which peaked in 1983 (9). This increase in the number of treated opiate misusers was also accompanied by an increase in pregnant opiate attenders at the Treatment Centre (10).

In the four years following 1983 drug activity stabilised in Dublin at a lower level of activity. However, since 1988 there has been an upturn in seizures of illicit drugs, in persons charged for drug offences and in the-past year (1990) there has been an increase in first treatment demand and in street availability of heroin and cannabis.

A.2. General Policy; Legislation

The following Acts and Regulations govern the current control of drug misuse in the Irish Republic:

- the Misuse of Drugs Act, 1977
- the Misuse of Drugs Act, 1984
- the Misuse of Drugs Regulations, L988
- the Criminal Justice Act, 1984
- the Customs Consolidation Act, 1876
- the Customs Act, 1956
- the Customs and Excise (Miscellaneous Provisions) Act, .1988.

In general terms it can be said; that Misuse of Drugs Acts and the Misuse of Drugs Regulations, 1988, define a range of controls over drugs which are liable to misuse. Breaches of the specified regulations create offences for which the Gardai (Police) can bring persons found to be in breach of the relevant, legislation to court. There the question of guilt or innocence is decided, together with the penalty where a breach is deemed to have occurred.

The principal provisions of the: Misuse of Drugs Act 1977, implemented in 1979 to modernise earlier legislation e.g., the Dangerous Drugs Act, 1934 were:

- increased penalties for drug offences;
- greater control over those who; have the right to prescribe controlled drugs;
- penalties for allowing premises to be used for drug activities;
- direction to judges to obtain medical and social reports on persons convicted of certain drug offences with a view to ascertaining their needs;
- extension of garda powers.

This latter provision took into- account the previous weakness in the law concerning powers of search. The nature of drug crimes poses special difficulties in obtaining evidence as central to the case is the need to establish possession of drugs. The victim in other crimes is often co-operative with the Gardai, but in the case of drug-related crimes is likely to see the Gardai as threatening his/her supply of drugs. Even when illicit drugs are seized the Garda Drug Squad can have difficulty in obtaining sufficient evidence regarding possession to charge those suspected.

The Misuse of Drugs Act 1984 was a response to the escalating drug situation in Ireland, largely heroin misuse in the Dublin area. The main provisions were :

- the provision of harsher prison sentences and higher fines for drug-related offences;
- the introduction of a maximum sentence of life imprisonment on conviction on indictment for the offence of possession of drugs for the purpose of supply;
- a new and more comprehensive definition of cannabis which covered all varieties of the drug;
- recognition of the difference between cannabis and other drugs, like heroin, in particular, with regard to penalties for possession;
- a change in the direction to judges to remove the mandatory requirement of the court to obtain a medical and social report for drug users. This last point was, perhaps unfairly, interpreted at the time as facilitating the removal of drug users from Dublin streets to prison. In practice judges have the discretion to remand the court for the purpose of obtaining a medico-social history, particularly if the case is serious or if the defence requests such a report.

The main provision relating to drug misusers in the Criminal Justice Act 1984 was a detention provision, introduced for the first time, where a suspect can be held in a garda station for six hours extended to twelve, subject to certain specified safeguards. The suspected or alleged crime must carry a penalty of at least five years.

The Misuse of Drugs Regulations, 1988 replaced the earlier regulations of 1979. These regulations cover the production, supply, importation, and exportation of controlled drugs; the possession of controlled drugs; documentation and record keeping; and seven schedules, five of which contain lists of controlled drugs e.g.. Schedule 1 lists mainly hallucinogenic drugs not used in medicine today and which cannot be prescribed by doctors or sold in pharmacies. The use of these drugs is confined to research or forensic analysis. Production, supply, importation and possession are subject to special licensing.

Schedule 2 contains those drugs which may be used for medical purposes but regarded as particularly dangerous, such as, opiates/opioids, and amphetamines. Such drugs can only be obtained under prescription, and a record must be kept of those dispensed.

Drugs listed under Schedules 3, 4 and 5 are less stringently controlled but are subject to certain specific legal requirements. Schedules 6 and 7 contain forms for the keeping of registers for specified drugs.

The various Customs Acts listed provide the legal basis of customs control. The Misuse of Drugs Acts prescribe the penalties which apply to a person convicted of an offence against the Customs Acts.

Various sections of existing legislation are currently under review with a view to improving the situation where problems have been identified.

Areas of Possible Future Legislation:

The National Co-ordinating Committee on Drug Misuse presented recommendations for a "Strategy to Prevent Drug Misuse" (11) which have been accepted by Government. This report included an outline of proposed, legislation as follows, some of which is imminent.

1. The Government intend to integrate a list of precursors into the controls contained in the Misuse of Drugs Act, 1977 and 1984 and the Misuse of Drugs Regulations, 1988. This decision was taken because of the increased awareness of the role played by chemical precursors in the development of illicit drugs and to comply with our international obligations to control these substances under the UN convention on the Illicit Trafficking of Narcotic and Psychotropic Substances 1988 and proposed EC regulations.

2. There is also a commitment to introduce legislation to provide for the confiscation of the proceeds of drug trafficking with a view to ratification of the UN convention.

3. The practice of importing prohibited drugs by means of ingestion or concealment in body cavities - swallowing and stuffing - is well known internationally. The Gardai suggest that practically all heroin imported here comes from the UK in comparatively small quantities in body cavities. It is therefore recommended that the necessary legislation be introduced to deal with this situation. Studies being undertaken will take account of EC Customs Services to resolve the problem.

4. As EC plans for the completion of the Internal Market near resolution discussions are taking place on ways to improve customs co-operation against illicit traffic in drugs when frontier checks at borders are abolished. Proposals will focus on protection of the external frontier. Measures under discussion include the contribution that the Irish Customs service could make by way of air and sea surveillance. There is also a recognised need for close communication between the EC Customs Services in monitoring suspicious movement of transit air passengers - some of whom change flights in one European country before reaching their destination to disguise their country of origin.

5. Because of the existing slow and cumbersome way of dealing with allegations of irresponsible prescribing of controlled drugs by some medical practitioners it has been proposed that the particular section of the 1984 Act which deals with such allegations should be critically examined and reported on.

Influences on Policy Formation

Over the past number of years various Working Party reports on drug misuse have had an influence on the drawing up of new legislation and also on various research and educational programmes. To illustrate- this point the 1983 report of the Special Government

Task Force of Ministers on Drug Abuse included specific recommendations in areas of law enforcement, education, health, community youth development and research, most of which were implemented. This underscored drug policy intention regarding e.g., the need to establish the facts of drug misuse, to treat drug users professionally and to set up appropriate preventative and educational programmes. Another example is the Government report on "The Psychiatric Services - Planning for the Future", 1984, which recommended that the approach to the drug problem should be community-based with inputs from both medical and social personnel and voluntary organisations (12).

Legislation can also reflect policy. Whereas our initial response to the heroin problem in Dublin was to provide harsher prison sentences and higher fines for drug related offences, this is no longer so today. The Government accept that there is a need to make available to the drug misuser a range of services most appropriate to his/her needs and capabilities, and that these services should be both attractive and accessible to use. In general terms policies towards drug misuse have become more informed, pragmatic and at times enlightened.

The most recent statement on drug policy comes from the Government's "Strategy to Prevent Drug Misuse". Areas covered by this report concern an assessment of the drug problem in Ireland, supply reduction, demand reduction, manpower and training development, and international co-operation.

Some of the more interesting policy formulations include a recommendation to establish a national database which would integrate indicators developed by the Pompidou Group; to introduce whatever legislative action is necessary to strengthen the powers of the customs authorities to deal with persons importing prohibited drugs concealed in body cavities; to develop 'Community Drug Teams' under the direction of the regional health boards to operate with the involvement of general practitioners and other health professionals in targeted areas; to strengthen both formal and informal drug education programmes, including the related areas of drug misuse and AIDS and to maintain our commitment to European co-operation in the field of drug misuse.

A.3. Demographic Information

For the purpose of this study Dublin city is the Greater Dublin Area which according to the census definition comprises Dublin County Borough, Dun Laoghaire Borough, their north and south suburbs. The area of Greater Dublin, at 504km2, is almost co-terminous with that of Dublin County, one of the 26 counties in the Irish Republic, and contains 26% of the Republic's population.

According to the census the population of the Greater Dublin Area in 1981 was 915,115, an increase of 12.7% from 1971. The population increased by only .6% between 1981 and 1986. Table 1 (Appendix 1) gives an age and sex breakdown for the Greater Dublin Area for the census years of 1981 and 1986. The principal difference seen in the age structure of the population between the two censuses was a decrease in the age groups of under 20 years and an increase in all other older age groups.

The total number of persons unemployed in Ireland (data for the Greater Dublin Area were not available) in January 1986 was 240,405 or 18.0% of the labour force; this number

had increased to 246,515 by April' 1991 to represent 18.9% of the labour force. The proportion of those unemployed in 1986 who were aged under 25 years was 30.7% or 73,900. By 1991 this percentage had dropped slightly to 26.9% or 66,371.

A.4. Research on Drug Misuse

Prior to the 1960s little research was carried out in Ireland on the problem of drug taking as its misuse then was largely confined to a small number of medical and para-medical personnel and to patients who had become dependent on prescribed drugs.

Research in the 1960s and 1970s

One of the earliest studies of drug misuse in Dublin was carried out in 1962 on patients admitted to a Dublin psychiatric hospital, one of the few facilities then providing treatment. Only 18 admissions or 0.9% of all admissions for that year had a diagnosis of amphetamine-dependence (1).

During the 1970s several studies were carried out by the National Drug Advisory and Treatment Centre, the predecessor of the present Drug Treatment Centre, on attenders at their outpatient service. Four of their five major projects indicated broadly similar findings for a 'standard' patient group (13). However, the results from a study of 100 drug misusers who attended for the first time between 1977 and 1979 revealed a patient group which differed somewhat from former groups analysed in having fewer males (64%), a higher average age and a higher socio-economic composition. Despite these differences from earlier work the study confirmed many of the findings from previous studies in showing that drug misusers came from families with a higher than average family size and with a high level of family problems. The drug users themselves had a poor record of educational achievement and employment and an association with truancy and criminality (14).

In the light of subsequent widespread opiate misuse by attenders at the Centre it **is** interesting to note that 17% of the 100 study attenders had been misusing opiate/opioids with 48% having taken their drugs intravenously at least once.

School Survey Data

In 1970 and 1971 a survey of 5,843 post-primary school students (aged 12 to 18 years) in Dublin showed that 2.3% of these students (more boys than girls) claimed to have experimented with drugs on at least one occasion. Cannabis was the commonest drug taken by 78 students, LSD and amphetamines-by 15 and 10 students respectively, while 11 students said they had taken heroin, morphine or opium (15).

A follow-up of the Dublin school survey a decade later in 1980 and 1981 (N = 5,178) showed a five-fold increase in drug use- among the students. Eleven per cent of the sample had now experimented with drugs or 20% aged 16 and over and 9% aged under 16 years. The most frequently used drug was again cannabis for 485 students or 9% of the sample, the second most commonly used drug was; heroin - for 50 of the students (4).

A survey during 1984 and 1985 of 2,927 post-primary students in 24 randomly

selected schools in the Greater Dublin Area showed a further increase in drug consumption among students. The lifetime prevalence for misuse of all drugs was 22%, double that found in the 1980-1981 study. As before cannabis was the most widely misused drug (5).

Research in the 1980s

A study to establish the total number of drug misusers (both treated and untreated) in a defined north-inner city area of Dublin with a known reputation of drug misuse was undertaken in 1982 and 1983 (6). The findings disclosed that in this small geographic area 88 young people were misusing heroin during the study period, many injecting the drug daily. Seventy five of these were aged 15-24 or 10% of the population in that age group.

The results from a similar type study in a south-inner city area revealed an equally high rate for true prevalence of heroin misuse in the 15-24 age group (7). However, as neither of these two areas, characterised by high levels of unemployment and poor housing, could be regarded as typical of the Greater Dublin Area a study using the same methodology was conducted in a more representative part of the city. Findings from that project established 2.2% for the same age group for heroin misuse (8).

In a study of "Characteristics of heroin and non-heroin users in a north central Dublin area 1984", a control group, of 88 persons matched by sex and age from the same inner city area as the heroin users previously identified, was interviewed using the original questionnaire with some minor changes. The principal differences between the users and controls were that the heroin users were more likely to come from a disturbed family background where one or both parents were dead or where there had been a family drink problem. They also had a much poorer educational and employment record (16).

So even within the same harsh social environment different responses emerged, perhaps compounded by other factors (family or peer group influences) and by personality differences. It must be stressed that the area in which this research was conducted was not typical of the city, and that sample sizes were small. These findings bear out the general conclusion from a review of the literature which suggest that

CAUSES OF DRUG MISUSE ARE MULTIPLE, VARIED AND INTERRELATED

and require considerably more sophisticated qualitative research to unravel causes.

The main findings from two surveys jointly undertaken by the Medico-Social Research Board and the National Drug Advisory and Treatment Centre using data from patient case records for the period 1979-1985 showed (17) (9) that:

– the number of first contacts for whom opiates, predominantly heroin, was the principal drug of misuse rose from 56 in 1979 to 455 in 1982, falling to 116 in 1985;

– males exceeded females by a ratio of more than 3:1;

– in 1984, 85% of opiate users attending the centre had needle marks;

– twenty one per cent of opiate users had been on drugs for seven or more years prior to their first treatment contact in 1984;

– the number of attenders was highest in 1983 showing a treated rate for the Greater Dublin Area of 3.5 per 1,000' of the population aged 15 to 39, for all forms of drug misuse - predominantly opiate:.

A.5. Treatment and Social Care Systems/Facilities

In early 1990 there were 22 facilities providing information to the Dublin Drug Misuse Reporting System on clients who receive treatment from them in the Greater Dublin Area -see Appendix n for a list of such centres. This group of treatment facilities represents almost complete coverage of treatment available to drug misusers in the Dublin area with the possible exception of some general practitioners. Treatment centres can be broadly classified into those providing medical treatment: and those whose focus of care is non-medical.

5.1 Medical Services

Within this category of service the primary and most specialised unit is the Drug Treatment Centre. Treatment is also' provided to problem drug users in Psychiatric and General Hospitals, by General Practitioners, by Accident and Emergency Departments in hospitals, and in prisons.

The Drug Treatment Centre

This centre was established as- the National Drug Advisory and Treatment Centre at Jervis Street Hospital in 1970 on the recommendation of the Working Party of Drug Abuse in its interim report (1969). In 1975 the Department of Health designated the unit as a national centre to provide in-patient and out-patient treatment The same year a nine-bed intensive care detoxification ward was: opened. The centre provides a 24-hour treatment and advisory service to drug users, their families and other interested persons seven days a week. These services include a medical and psychiatric assessment, psycho-therapy and counselling support, and referral to other agencies. The standard therapeutic approach used for the treatment of those dependent on opiates or opioids is a methadone maintenance programme provided in the linctus (oral) form. The centre moved to new premises in October 1988 and was re-named the Drug Treatment Centre.

AIDS Resource Centre

In 1989, the first outreach needle exchange programme was established in Baggot Street Hospital by the Eastern Health Board. This centre in addition to its needle exchange programme, provision of condoms, sterile water, swabs etc. also runs a drop-in centre which provides information, advice and HTV testing. In 1990 the centre established a new collaborative project with the Drug Treatment Centre in providing methadone to selected clients to permit structuring of their day and prevent shared use of needles.

Institute of Psychosocial Medicine

This institute is a voluntary non-prescribing agency, which provides therapy and counselling at day care level. It is directed by a medical doctor.

5.2 Hospital Treatment

Psychiatric Admissions

Patients are admitted to Irish psychiatric hospitals under the Mental Treatment Act 1945, either in a voluntary or temporary capacity - the majority or approximately 88%, are admitted as voluntary patients today. According to the "Activities of Irish Psychiatric Hospitals and Units" there were 82 admission of Dublin city residents with a primary or secondary diagnosis of drug misuse to psychiatric hospitals both public and private in 1985, the majority for drug dependence ICD 304 (see Table 3a, Appendix 1). Clearly these admissions represent only a small proportion of the hospitals' case load. More up-to-date information is not available.

General Hospital Discharges

The hospital in-patient enquiry scheme collects and analyses information on discharges from Irish general hospitals. In 1985 there were 326 discharges of patients resident in Dublin city with a primary or secondary diagnosis of drug misuse. The majority of these refer to patients from the nine-bed detoxification unit attached to the National Drug Advisory and Treatment Centre, again mostly with a drug dependence diagnosis. Patients are admitted to other general hospitals with drug problems, usually a secondary diagnosis, and patients requiring treatment for a primary drug diagnosis are generally transferred to the Advisory and Treatment Centre. As in the case of psychiatric admissions information is not available since 1985.

General Practitioner Care

To-date just one general practitioner is participating in the Drug Misuse Reporting System. It is hoped that in the future more will participate as they have an important role, with backup support, in the treatment of drug misusers. Over the past number of years a small number has been subject to a special enquiry by the Department of Health for over prescribing drugs to problem drug users.

Accident and Emergency Admissions

Since September 1989 six Accident and Emergency (A & E) departments service the catchment population of the Eastern Health Board Area of approximately one million, somewhat larger than that of the Greater Dublin Area. All are on 24 hour call. Current information is not available on the characteristics of drug misusers attending such facilities. A study, however, was carried out in 1985 which showed (18) that 73 drug misusers were identified during the study period of one month. The majority, or 60% were male, average age was 26 years, and in the majority of cases the reason for attendance was overdose. Three quarters of the males admitted using heroin, while half the females had taken benzodiazepines.

Medical Care in Prison

Various treatment programmes operate within the Dublin prison services, notably a brief detoxification programme available to opiate users who enter prison while sdll addicted. The professional service of psychiatrists, psychologists, social workers and probation officers is available to individuals seeking counselling. The staff are also involved either individually, or as a team when early release is sanctioned for persons to attend therapy (residential or day care) or return home subject perhaps to the constraint of attending the Drug Treatment Centre for drug screening. Voluntary groups, such as some of the Voluntary Drug Treatment agencies or Narcotics Anonymous come into the prisons, usually on a weekly basis, to assess the suitability of persons interested im participating in their various programmes.

5.3 Non-Medical Services

In this category of service there are both voluntary and statutory services, of a residential and non-residential type. However most of the non-medical services are voluntary and non-residential.

Non-residential Voluntary Treatment Centres

These centres are generally more accessible than statutory agencies and often have a less formal drop-in approach type service. The following are the principal centres in this treatment sector.

Ana Liffey Drug Project

The Project which was set up? in 1982 sees its response to problem use as one of pragmatism, with an emphasis on team involvement of the staff. Clients contacted by the project staff are not asked to make a prior commitment to drug abstinence.

The key features of this programme include outreach through street contacts with drug users not in contact with other helping- agencies; a drop in service; counselling as the core service both to its own clients, and to drug users in prison, supported by the creation of family and social networks.

This agency produced a policy statement in 1990 which proposed a co-ordinated strategy for the treatment of drug misusers in Dublin.

Coolemine Therapeutic Community

Coolemine, founded in 1973, provides a drug-free day and residential programme similar in concept to many therapeutic communities in the United States, for example, Day-top Village, New York. A key principle of Coolemine is self-help. Clients are referred, or are self-referrals to the Induction Centre at Coolemine House. Induction by way of primary care is also carried out by staff counsellors at the de-toxification unit in Beaumont Hospital attached to the Drug Treatment Centre and in prisons. Counselling is the basis of care provided, with an emphasis on quality contact with the client. A day programme for those not overly addicted to drugs is also conducted in Coolemine House and residential programmes in Coolemine Lodge and Ashleigh House. The agency is also involved with prevention work among community groups and self-help groups for parents of drug users.

Ballymun Youth Action Project

This project was founded in 1981, as a response to drug misuse in the Ballymun community, which to some extent typifies the deterioration in Dublin's housing and social development in recent years. Central to the project's community response to drugs is the belief that such a response makes use of resources inside and outside the community and that people in the community believe that change can happen and become involved in a process of change which develops over time.

The project's range of services includes: individual and family counselling; group work; and activities, such as art work, bowling, swimming, theatre and weekend outings. They additionally have links with FAS, a training and employment authority.

Merchant's Quay Project

This project, established in 1989, seeks to meet the needs of drug users with HP/ and highlights the particular problems experienced by this group of drug misusers in contacting the regular treatment agencies. The project's response has been to bring services to them. Detached workers are employed, along the lines used by English local authorities, who initiate links when requested by clients with helping agencies, such as general practitioners and other treatment centres.

A respite centre has been recently acquired in Swords for the use of clients for a period of two weeks at a time.

Candle Community Trust

This Community Trust was established in 1977. as a community-based project in Ballyfermot with a target population of young men (aged 15-25) with problems, including drug misuse. The project has three separate but integrated operations namely

– a drop in day centre which provides counselling and support from youth educators
– a training workshop where young people make e.g., furniture for sale in the locality and
– an education forum aimed at an; alternative educational model, which is needs' based.

Mater Dei Counselling Centre

This service is a specialised counselling unit for adolescents established in 1973. Referrals come from schools, parents, the Drug Treatment Centre, the Addiction Counsellors and hospital emergencies. About one third of such referrals are specifically for drug misuse. The centre provides an out patient service programme consisting of

– initial assessment
– family therapy (which is central to the programme)
– individual counselling and
– drama classes.

The average length of the programme is 3-6 months. In addition the centre operates a 'teen' counselling service in an area of designated special need by the Government.

<u>Non-Residential Statutory Treatment Centres</u>

The Probation Service, Smithfield

This service is a statutory counselling and support service for drug misusers on probation. When the Misuse of Drugs-Act 1977 was enacted the Probation Service created a specialised post to build up expertise- and specialisation in the area of drug misuse. This was also done in recognition of differences between drug clients and other agency clients and of the new powers conferred on courts to remand persons convicted to obtain a medical and social report and in certain cases to arrange for the medical treatment or for the care of such persons. On consideration of such reports furnished in court a supervisory order can be made which places the person under supervision of a body or person (probation option) thus ensuring that they complete treatment,, training or education. A probation worker may refer a client to treatment agencies such as the Drug Treatment Centre or Coolemine, while Pertaining overall guidance and support

Addiction Counsellors

In response to the drug problem in Dublin the Eastern Health Board in 1985 appointed eight professional workers, all social workers, from various community care areas to provide a community-based service operating out of existing health centres. This service takes the form of counselling, support or referral of drug clients to other appropriate treatment centres. A large proportion of the counsellors' work load is concerned with problems relating to alcohol.

Talbot Day Centre

This community-based programme for drug free youth was set up by the Eastern Health Board in 1983 following requests from a local committee in a particular part of Dublin to provide some facilities within the community for young people who were abusing drugs. The programme includes remedial education, individual and group counselling to its young participants. Group therapy is also available for family members of clients.

Mater Child and Family Centre

This centre, funded by the Eastern Health Board, provides outpatient services such as counselling and therapy to young people including drug users in one of the Dublin Community Care Areas.

Residential Voluntary Treatment Centres

There are two such services in the Dublin area, Coolemine Therapeutic Community, already referred to under Non-Residential Voluntary Treatment Centres, and the Rutland Centre.

Coolemine Therapeutic Community

The resident programmes are conducted in Coolemine Lodge and Ashleigh House and clients are selected for participation after an initial period of induction. The community environment of the programme is designed to remove the client from the negative forces of life while involving him/her in a therapeutic situation devised to help him/her cope with the realities of self and life without dependence on chemical support. Alternative supports are developed within clearly stated values. This programme involves several phases and includes a range of activities.

The Rutland Centre

The centre provides a residential and after-care programme for substance abusers after detoxification. The principal attenders at the centre are those who misuse alcohol, gamble or are cross addicted to both alcohol and tranquillisers. Only a small percentage of attenders have a primary diagnosis of opiate or other illegal drug misuse. Persons selected for the programmes are those considered capable of responding to the centre's treatment ethos.

Self Help Groups

The most significant self help group is Narcotics Anonymous (NA) which is based on the model of Alcoholics Anonymous (AA).

A.6 Control Systems and ResourcesjQaw enforcement)

6.1 Garda Control

In Ireland all Garda Siochana,, with a current strength of 10,472, deal with law enforcement aspects of drug misuse within their area of responsibility. Specific Garda Drug Squads operate in Dublin, Cork and Limerick.

The Garda Drug Squad

This squad was formed in 1968 with a strength of one detective sergeant, and three detective gardai. Its present complement is 30 members from a detective inspector down. In addition small Specialist units are in operation in certain parts of Dublin associated with drug activity. Members of the drug squad receive special training in relation to their duties and in the implementation of drug legislation. They work in close liaison with special divisional units throughout the country and with customs officials, with other police forces and with Interpol concerning international drug trafficking.

Central Unit for Drug Administration

This unit is based at the Crime Branch, Garda Headquarters, Dublin. In May, 1990, a superintendent was appointed to take-charge of the office and to act as a liaison person with other relevant agencies at national and- international level.

Juvenile Liaison Scheme

This scheme has been in operation since 1963 in each garda division throughout the country providing an alternative to prosecution, subject to certain conditions, for young offenders. Juvenile liaison officers are appointed on the basis of their experience and aptitude in dealing with young people and because of their involvement with general community affairs. Each appointee undergoes a course of training designed to familiarise him/her with all facets of youth work. The supervision of juvenile offenders and potential delinquents is a feature of the scheme as well as talks and lectures to youth groups. In 1990 there were 35 members of the Garda Force and three; sergeants employed in the operation of this scheme in Dublin. Co-ordinadon of this scheme at national level is planned.

Courses for Members of the Gardai

To date 5,200 members of various ranks in the Garda Siochana have received a variety of special training in the field of drug misuse. All student gardai now receive drugs-training and are allocated as part of their practical training for short periods to the Dublin Drug Squad. Six mid-ranking officers have attended narcotic enforcement and management seminars abroad, which also included international aspects of drug trafficking.

Garda Community Relations

The objectives of the community relations section are to establish ways and means of fostering good relations between the Gardai and the community and to advise the public on how to protect itself and its property against criminal attack, including drug related crime. The neighbourhood watch concept is currently being implemented in all parts of Dublin and the rest of the country.

Talks and Lectures on Drug Misuse by Members of the Gardai

As in previous years the demand for members of the Gardai to give talk's and lectures on drug misuse continues to increase. This is obviously due to the greater public awareness of the drug problem. In 1990 a total of 127 talks and lectures were given in the Dublin area.

6.2 Customs and Excise Control

The Customs and Excise Service has responsibilty for controlling the importation and exportation of illegal drugs into the country. It is administered separately from the Garda Siochana. The various Customs Acts provide the legal basis for Customs control and recently increased powers were provided to Customs officers under the Customs and Excise (Miscellaneous Provisions) Act 1988 to assist them in dealing with drugs smuggling. A Customs charge of importation and dealing now carries the same penalty as a Garda charge.

Unit Specialising in Drugs

The Customs Investigation Branch has a unit specialising in drugs investigation on a countrywide basis. Four detector dogs and their handlers, which form part of this unit, are mobile and work in all areas of the country as required. They are mainly based, however in particularly sensitive areas in Dublin, Rosslare, Cork and Shannon.

Intelligence Teams

The above unit is supplemented by two intelligence teams, one in Dublin, the other in Cork. Their function is to gather intelligence on drug-related activity in their areas. These teams are mobile and maintain close contact with shipping companies, forwarding agencies and airline companies. They also keep regular contact with airports, seaports, inland cargo landing/storage premises.

Drug Liaison Officers

All drug sensitive customs stations have designated drugs liaison officers, 29, who work closely with the Customs Drug Unit in Dublin exchanging information and intelligence on suspect movement of persons, vehicles, vessels and cargo.

Liaison

At national level liaison is almost on a daily basis between Customs and Gardai.

The Customs Drug Unit is responsible for international liaison at the operational level with other Customs services. Irish customs participate fully in various joint operations with other European Customs Services, which are organised under the auspices of the EC Mutual Assistance Group and the Customs Co-operation Council.

6.3. The Dublin Prison System

There are five prisons in the Dublin area, the three committal ones of Mountjoy male, Mountjoy female and St. Patrick's institution - for male offenders aged 16-20 at the time of committal. In addition. Arbour Hill Prison caters to long-term prisoners many of whom are serving three years or more. A new place of custody at Wheatfield, with accommodation for 320, was opened in 1989.

Various treatment programmes operate within the prison service principally a detoxification programme for persons who enter prison while still addicted and a range of counselling and support services provided by psychiatrists, psychologists, social workers and welfare officers.

Three of the above five prisons are currently participating in the Dublin Drug Misuse Reporting System. Some information was previously available from Mountjoy but due to pressure of work the recording of data was discontinued. Discussions are taking place regarding the possible participation of both the male and female prisons in Mountjoy.

A.7. Monitoring System

The first basic requirement of a monitoring system is the existence of a data gathering process from all sources relevant to the situation or problem in question, for example drug misuse in Dublin. The establishment of this data gathering process requires co-operation between the various in-put sources and a central agency or person to arrive at agreement on definitions used, as well as ensuring regular, complete and accurate return of information. Appropriate knowledge of relevant policies and services is also required to interpret these data.

Such collated information could then provide a reliable picture of drug misuse activity in the defined area and be made available to interested agencies and to Government to ensure a more informed basis for drug policy. These data would, in addition, allow for assessment of changing trends over time and highlight areas where in-depth research should be undertaken. An evaluation of existing services and policies would also be feasible.

Since early 1982 when participation in the Pompidou Group commenced the Health Research Board, formerly the Medico-Social Research Board, has been collecting and collating information for a drugs monitoring system. From modest informal beginnings this data collection has become more rigorous, complete and up to date, and current information is available for a range of drug misuse indicators.

Dublin's collaborative work with London in developing a treatment reporting system and a first treatment demand indicator (19) has resulted in this being the best developed indicator to-date in the Pompidou repertoire of indicators. An elaboration of this work is now being coordinated in 11 European cities.

In an Irish context the Department of Health is now funding the computerised Dublin Drug Misuse Reporting System and a recent "Government Strategy to Prevent Drug Misuse" report has proposed the development of a national drug misuse database.

B. INDICATORS

B.1. First Treatment Demand

In Dublin first treatment demand corresponds to first treatment received. This is because agencies are able to meet with the demand for treatment and, at the moment anyway, there are no waiting lists. Information presented for this indicator. Table 2, Appendix 1, refers to patients in receipt of treatment from the Drug Treatment Centre (formerly the National Drug Advisory and Treatment, Centre) from 1980-1990. Prior to the establishment of the Dublin Drug Misuse Reporting System in 1989 which collects information from 22 treatment centres in the Greater Dublin; Area, the only available information came from the Drug Treatment Centre. This Centre was and still is the primary statutory treatment agency in Dublin.

Approximately seven per cent of clients attending the Centre during the period under review came from outside the Dublin area. In Table 2 the first contact rate is given per 1,000 of the population aged 15-39. The rate in 1980 was 0.7 rising to peak in 1983 at 1.7 declined over the following five years to 0.6 in 1989, and has risen slightly in 1990. Figure 1 illustrates this trend over the 10 year period.

Information from the Dublin Drug Reporting System is also included in Table 2. The procedure whereby the data are derived- and the definition of first treatment contact differs somewhat from those used by the Drug Treatment Centre. The Reporting System commenced with a census of all clients in treatment during the month of December 1989 or in the case of residential clients those resident on a specific day in December. As new persons, other than census clients, came into treatment during 1990 they were added to the master file.

There was no duplication within centres but some overlap of clients between centres who were in receipt of more than one type of treatment at the same time. First contacts, as shown in Table 2, are those who contacted a treatment centre in the system for the first-ever time during 1990 and who had never received treatment for their drug misuse previously. The preliminary first-ever contact rate for 1990 from the Reporting System was 1.6. This is a considerable increase over the Drug Treatment Centre's rate largely because of the inclusion of other treatment centres in this new computerised system.

B.2 Hospital Admissions

Tables 3a and b provide details of admissions to psychiatric hospitals and discharges from general hospitals respectively of Dublin city residents with a drug diagnosis. Both tables show ICD codes for primary and secondary diagnoses. Data are shown for the years 1981 to 1985 for psychiatric admissions and', for the same period for general hospital discharges. Both sets of data show a remarkable stability for the years under review.

The rate per 1,000 of the catchment population aged 15 to 39 was between 0.6 and 0.9 for general hospital discharges, while the rate was either 0.2 or 0.3 for psychiatric admissions.

It is important to note that the data refer to admissions and discharges, not to persons admitted or discharged, and that the numbers involved are probably quite small. In both sets of data a clear majority of admissions and discharges was in the drug dependence category.

In-patient treatment, apart from de-toxification, is not commonplace in Ireland for persons with drug-related problems: therefore hospital admissions/discharges can not be regarded as a sensitive indicator of drug activity. When difficulties emerged with the collection of these data subsequent to 1985 regarding the coverage of available data and the cost of accessing the material, it was decided not to pursue the inclusion of such information. Also it was believed that the inclusion of two private psychiatric hospitals in the Dublin Reporting System to some extent offset the loss of these data.

B.3 Viral Hepatitis

Drug associated cases of Hepatitis B have proved to be a useful indicator of intravenous drug use because the sharing of syringes is an important way in which hepatitis can be transmitted. Testing for Hbsag is considered by the Virus Reference Laboratory in Dublin as the most appropriate test in monitoring IV drug use as the surface antigen marker determines whether one is a carrier of the virus or not. Results for the Dublin city residents (data come primarily from the Drug Treatment Centre where there is a policy of testing all new attenders there) is shown in Table 4 for eleven years 1980 to 1990. The rate per 1,000 of the catchment population aged 15-39 rose from 0.1 in 1980 to a high in 1981 of 0.6. Since then it has declined and in 1990 stands at 0.

It should be noted that the numbers involved for the years 1988 to 1990 inclusive are small, ranging from 13 to 6. But as far as is ascertainable these small numbers reflect the reality of the situation - of a marked decrease of drug-related Hepatitis B cases. The mean age for both sexes increased up to 1989 and dropped in 1990, likewise the male/female ratio changed from 4.4:1 to 11:7, but information relating to 1988-1990 may not be statistically significant due to the small numbers.

B.4 Drug-Related Deaths

Accurate comprehensive information on drug-related deaths is difficult to obtain. The first approach made by the Dublin centre to access these data was to request the Central Statistics office for a special computer print-out for deaths in the catchment area with Specified ICD 9 codes associated with drug deaths, such as, drug dependence ICD 304;

Accidental Poisoning ICD E850 - E854; viral hepatitis ICD 070.2 and 070.3. Ireland uses the international form of medical certification from which the underlying cause of death is coded to ICD 9. This ascertainment of drug-related deaths was discontinued when it was realised that coding the underlying cause of death, i.e., the disease or injury which initiated the sequence of events leading to death, could preclude information relating to the drug aspect of death. The second approach was to obtain a list of deaths of drug users from the Garda Drug Squad of persons notified to them as having died. This list is not a comprehensive one. The numbers established through the above procedure were: 9 in 1982; 12 in 1983; 13 in 1984; 17 in 1985; 7 in 1986. This system of notification was discontinued as it was found to be incomplete.

B.5 Police Arrests

In Ireland statistical information from the Garda Crime Report is available for persons charged and not for those arrested for drug offences. The number of persons charged in the Dublin Metropolitan Area increased from 669 in 1980 to 1389 in 1983, levelled off for the following six years, increased again in 1990 to 1530 - an increase of 42% over the 1989 figure (Figure 2). Available details concerning persons charged by type of drug, again for the Dublin area, can be seen in Table 5. For each of the years in question more people were charged with cannabis resin-related offences than for any other offence. This type of offence as a proportion of all offences rose steeply in the past three years to 46% in 1990. Heroin-related offences declined markedly in recent years offset to some extent by an increase in morphine and synthetic narcotics, particularly in 1990.

B.6 Imprisonment

Up to the end of 1984 persons sentenced under the Misuse of Drugs Act 1977 were given a maximum sentence of 12 months from the lower or district courts which with remission usually meant a nine month sentence. Under the Misuse of Drugs Act 1977 and in the amended 1984 Act drug cases can. also be heard in the circuit courts which can hand out longer sentences.

For certain offences drug offenders on conviction on indictment can be imprisoned for 14 years under both the 1977 and 1984 Misuse of Drugs Act. Additionally up to life imprisonment under the 1984 Act is allowed for drug dealers at the discretion of the court. All medical/social reports, previously mandatory under the Misuse of Drugs Act 1977, are now at the discretion of the court following the Misuse of Drugs Act 1984.

The Criminal Justice Act 1984 now allows for consecutive rather than concurrent sentencing. This did away with the situation where persons e.g., drug offenders who committed offences while on bail could only be given concurrent rather than consecutive sentences. This Act also includes a detention provision referred to earlier.

The prison population has been increasing steadily in recent years and has almost doubled in the past 10 years. The daily average population in 1988 was 1,962 (20). Table 6 shows the number of adults and juveniles in custody on 1st January 1986, 1987 and 1988 for specified drug offences. While these figures relate to the country as a whole it is reliably believed that the majority are in the Dublin prisons and places of detention. The number of specified drug offenders is small, e.g., 3.9% of the total number in custody in 1988 (20). It must be remembered, however, that persons may be in prison who are dependent on drugs but sentenced for offences, such as, burglary or robbery with arms.

Findings from “An investigation of drug abusers in Mountjoy prison” in July 1986 (21) provides an insight into drug misusers in Dublin prisons. Despite some difference in methodology with a study carried out in 1981 the outcome from both can be compared, particularly as the chief investigator conducted both studies.

The principal findings show that in the five years from 1981 to 1986 the proportion of prisoners in Mountjoy prison (male) with a history of serious drug misuse increased six-fold to represent 30% of all prisoners, or approximately 170 men. “The vast majority ... are or have been regular IV users of opiates”, most were daily users with an average duration of misuse of 7.1 years. Their mean age was 25 years. On the basis of extrapolation from a sample number it was estimated that 20%-30% of this IV group were seropositive for AIDS. Only about 20% of the drug misusing offenders were sentenced for specifically drug related offences, most were serving sentences for one or another form of theft.

In summary, the study highlighted the rapid growth of the drug misuse problem for Mountjoy prison (male) since not only had the overall numbers of drug misusing offenders increased six-fold in five years but these offenders are, on average, likely to stay two and a half times longer within the prison system than a similar group identified in 1981.

B.7 Seizures of Illicit Drugs

The number of drug seizures made in Ireland in 1990 was 2,316, an increase of 48% over the 1989 figure. These seizures are made jointly by the Gardai and.the Customs officials. In 1990, 81 of the 2,316 seizures were made by the Customs. This figure-may, to some extent, understate the part played by the Customs and Excise as in certain cases they may allow a suspect to pass through customs to make what is termed a ‘controlled delivery’. As customs officials seize drugs of importation mainly at airports, docks and harbours the amount seized is usually large. Over half their seizures, however, in 1990 was through the parcel post, detected by sniffer dogs.

Information regarding seizures made by the Customs is passed on to the Gardai and published annually in their Crime Report. Drugs seized by the Gardai are analysed and tested for purity in the Forensic Science Laboratory in the Department of Justice. The Customs and Excise use the services of the State Laboratory.

Most of the drugs seized in Ireland are for sale and distribution within the country,-principally in Dublin. A combined figure for the number of seizures in Ireland by both the Gardai and the Customs Officials is given in Table 7 for the years 1980; 1990, by type of drug seized. The total number of seizures rose steeply in 1990, in excess even of the amount seized in 1983, which was then seen as the year of the greatest drug misuse. For each of the years under review the largest seizures relate to either cannabis or cannabis resin which in each case is counted in kilograms. Heroin was the only other drug which occasionally was measured in somewhat over a kilo in weight seized, as was cocaine where in 1989 and 1990 three and one kilos respectively were seized, but thought not to be for the Irish market.

B.8 Price/Purity of Illicit Drugs

For the years 1986 to 1990 there was no change in the Dublin street price returned by the Garda Drug Squad for heroin at between IR£200-300 per gramme (Table 8a). The price of cocaine has been revised downward in the past two years to IR£100-120 in 1990. It is difficult, the Gardai say, to come up with an accurate street price for this drug as so little is available on the streets. The price for both cannabis and cannabis resin moved upward in 1990, the first time in the past five years. The price increase was not marked for cannabis but

somewhat more so for cannabis resin now selling on the streets at IR£120-150 per ounce, or IR£5-10 per gramme. The price for amphetamine remained constant at IR£100-150 between 1986 and 1990.

Information concerning purity of illicit drugs seized is also shown for the same five year period of 1985 to 1990 (Table 8b)'.. The average purity of heroin rose during that time period from 22% in 1985 to 63% in 1990. The caveat regarding the 1990 figure is that it relates to several large seizures, and few street ones, where one could expect a higher level of drug purity. Likewise purity of cocaine seized increased, but again seizures for 1989 and 1990 were for large amounts and considered not for the Irish market For instance drugs were found washed up on a beach and believed to have come from a ship that foundered off the coast. Amphetamines seized over the same period decreased in average levels of purity, but the amounts seized were small, e.g., 1.1 grammes in 1989 and 264 in 1990.

A certain number of drugs, sent to the State Laboratory rather than the Forensic Science Laboratory for analysis by the Customs Service, are not included in the data commented on here.

B.9 Survey Data

Findings from drug surveys or studies carried out in the Dublin area, described in some detail in section A4 of this report,, provide some useful indications of drug misuse and the characteristics of the users. School survey data and information from the Drug Treatment Centre all point to an acceleration of drug'-misuse in the 1980s, peaking in 1982/83 with some evidence of stabilisation since then.

Apart from the school survey data where cannabis emerged as the principal drug of misuse, all recent sources show heroin, administered intravenously, as the preferred drug for a large number of drug users. The demographic and social characteristics of opiate drug users are very similar. The majority are male, single, from a depressed socio-economic background, with a low educational achievement and a poor employment record. Many come from problem family homes and have- been in trouble with the law often before their involvement with drugs.

With the exception of school surveys many of the recent studies have been seen as investigating populations or areas that are not representative of Dublin as a whole. This is true in part. It has already been noted that the attenders at the National Drug Advisory and Treatment Centre come predominantly from the lower socio-economic classes and the finding of a high percentage of young people misusing heroin related to a deprived inner-city areas. In Dun Laoghaire, where a similar investigation took place, only 2.2% of young people were found to be heroin users. This may have something to do with Dun Laoghaire being a more representative area of Dublin, but on the other hand, the heroin users in that study had the same characteristics of those found in the inner city areas. Perhaps in Dublin, opiate drug users come predominantly from the lower social classes or else studies carried out so far have not been successful in obtaining information from middle class users.

B.10 Comments on AIDS

In 1984 a detailed AIDS monitoring system was established by the Department of Health, similar to that used by the World Health Organisation. Antibody positive testing for AIDS started in the Virus Reference Laboratory of University College Dublin in September 1985. The detail presented in Table 9 was first available in this standard format in 1988. The number of AIDS cases increased from 39 in 1988 to 142 in 1990, an increase of 264%. The homosexual/bisexual group (the largest single category) decreased slightly as a percentage of all cases over the three year period, while a slight increase was noted in the IV drug using category. By the end of 1990 there were 74 deaths from AIDS. Up to the same period 40,155 have been tested for the HIV antibody: 994 tested positive of whom 57% were IVDU. Of the 4,268 IV drug users who have so far taken the test only 13% were positive. There is evidence to suggest that the real figure is much higher than this (22).

C. ASSESSMENT OF THE USE AND VALUE OF INDICATORS

C.1 Use of Indicators in the City

Information for ten indicators of drug misuse has been presented and commented on. The indicators which have been shown to provide the most complete and reliable information on drug activity in Dublin are:

- first treatment demand
- viral hepatitis
- police arrests
- seizures and
- drug research data.

First Treatment Demand

In the Dublin context first treatment demand refers to first treatment received. Data for this indicator come from the Drug Treatment Centre, the primary treatment centre in Dublin. The advantages of this information are that it has been regularly available from 1980 onwards and was up to recently the only reliable ongoing source which provided detail on trends and of the drug users' characteristics. One of the disadvantages of this information is that it provides an incomplete picture. The recent establishment of the Dublin Reporting System now gives almost complete coverage of treatment available and every effort is made to obtain full participation of these agencies. Despite casting a wide net results from the Reporting System has shown little drug misuse among a middle class population. It is too early yet to establish whether we are missing sources, like certain individual doctors, or whether misuse is slight or engaged in a controlled way among this group.

Treatment data are more likely to refer to serious drug misuse, like heroin, and much less so for cannabis type usage.

Viral Hepatitis

Results from H Bs Ag tests are available for Dublin city drug users from 1980 to 1990 which is seen as giving a useful indication of drug misuse among intravenous drug users. As earlier noted there has been a considerable drop in the number of drug-related Hepatitis B cases over the last three years. This is currently being interpreted as evidence of greater prudence on the part of drug users, perhaps since the advent of the Outreach Needle Exchange Programme. The situation however should be carefully monitored. It proved necessary to revise some of the numbers originally identified following information subsequently gained from enquiries into the 'unknown' proportion of cases which pressure of work had earlier precluded from further refinement The altered figure did not effect the trend.

Police Arrests

In Ireland statistics are available for persons charged by the police and not for those arrested. Regular sets of data can be obtained on request to the Garda Drug Squad for persons charged in Dublin by type of drug offence. The limitation of this indicator is that-it is likely to measure certain types of drug misuse, for example, heroin, as in Dublin such people are more likely to be involved in other crimes and so come to the attention of the Gardai. Middle class persons misusing cocaine are unlikely to be detected, let alone charged for such an offence.

Figures supplied for earlier years had to be altered when it emerged that they didn't contain persons charged by the Customs officials or contained some degree of overlap between the end of one year and the beginning of the next. Again trends were not affected.

Seizures

Data presented in this report on seizures by the Gardai and Customs service refer to the country as a whole. Ireland is not a transit country for drugs and the majority of seizures are for the Dublin market; this is particularly true of heroin. Recently however the availability of cannabis has increased significantly in areas outside Dublin. Apart from cannabis and cannabis resin the amount of other drugs seized is small. Information on seizures provides a crude barometer of the supply/demand situation and also on the success rate of the Gardai and Customs officials in making such seizures. Improved international co-operation, intelligence and detection procedures, such as the use of sniffer dogs, have increased the effectiveness of this indicator.

Drug Research Data

Considerable detail from school surveys and from small research projects has been amassed over the past years. These data have been valuable in establishing the current extent of drug misuse in Dublin, predominantly among young people and in providing insights into their social and environmental backgrounds.

No major published research material in this field, apart from a survey of Dublin Post-Primary Students (1986) has been available. Future survey or small study work should include collaborative work with other European research agencies.

Other Indicators

Hospital admissions was not considered a useful indicator in the Irish context, as too few people use this type of facility. Nor was drug-related deaths due to the lack of an appropriate method of ascertaining these data. Available information on price and purity has improved in recent years and is currently reflective of the recent upsurge in drug activity in the Dublin area where e.g., a rise in price has been associated with increased demand. Discussions are taking place to include information from the State Laboratory which would provide complete information on purity levels of drugs seized. Consideration could be given to developing a drug-related AIDS indicator, as Ireland's proportion of such cases is high.

A further two indicators have development potential, these are imprisonment and non-fatal accident and emergency cases. A decision in 1988 to have records in most? Dublin courts computerised will in time provide information on imprisonment. The data currently available for 'in custody' drug misusers seen in Table 6 of the Appendix are not suitable for indicator purposes.

Ad hoc studies have already taken place on drug misusers presenting to Accident and Emergency departments of hospitals and preliminary enquiries have taken place regarding a procedure which would allow for access to these data.

C.2. Relationship between Indicators

Figure 3 presents information for the selected indicators, of seizures, persons charged, first treatment contact and drug-related Hepatitis B for the period 1980 to 1990 - using 1980 as the base. Here a relationship emerges and the value of using a set of indicators over a period of time is demonstrated. Three of the indicators peaked in 1983 at a time of accepted greatest drug misuse, particularly of heroin in Dublin. This fact is also supported by information from other informed sources, such as, treatment workers and Government reports. It is worth noting that the peak for Hepatitis B cases occurred earlier in 1981 which is probably more insightful of when the actual problem reached its height as information from the other three indicators is probably lagged. As also seen from Figure 4 there has been an upturn in seizures and in persons charged since 1988, first treatment contact and has increased in the past. These trends are in line with information available from the Gardai and Customs Service and also from treatment centres.

D. CONCLUSIONS

Information presented in this report starts with a description of the demographic features of Dublin, the history of drug misuse, the legal and control systems, the treatment facilities for drug misusers and the components of a drugs monitoring system. These descriptive sections are crucial if the relevance of drug misuse indicators are to be put in context The various indicators currently used in Dublin are discussed with emphasis on their strength and weakness. Overall the picture is optimistic for this approach as over the years many of the indicators used have become more refined and trends over time seen as more meaningful, particularly when a combined set of indicators point to a similar trend in drug misuse.

Considerable work remains to be done in improving some of the procedures, in developing new indicators and surveying the general population. In Dublin some approach is required to ascertain the extent of drug use among a middle class population, which continues to remain unknown.

The most encouraging prospect for future work is the Government's decision to establish a national drug misuse database, modelled on that in use in Dublin, as part of its strategy to prevent drug misuse in Ireland. This committed approach will greatly increase our understanding and control of problem drug use.

APPENDIX 1

DATA

Table 1. Population of the Greater Dublin Area, 1981 and 1986.

Age and Sex, Numbers.

	1981			1986		
Age	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
<15	133,948	127,618	261,566	124,308	117,674	241,982
15-19	47,469	49,682	97,151	46,232	46,039	92,271
20-29	78,282	84.491	162.773	82,541	88.414	170,955
30-39	55.740	58.092	113,832	59.702	63,715	123,417
40-49	42,863	46,002	88,865	45,474	48,637	94.111
50+	79,736	111,192	190,928	83,828	114.392	198,220
Total	438,038	477,077	915,115	442.085	478,871	920,956

Source: Ireland, Census 1981 and 1986, Central Statistics Office.

Table 2. Treatment Contacts in the Greater Dublin Area, 1980-1990

Number and Rates per 1,000 population aged 15-39.

Year	First Contact		Re-Contact		All Contacts	
	N	Rate	N	Rate	N	Rate
1980	250	0.7	179	0.5	429	1.1
1981	410	1.1	233	0.6	643	1.7
1982	633	1.7	371	1.0	1004	2.7
1983	650	1.7	644	1.7	1314	3.5
1984	506	1.4	712	1.9	1218	3.3
1985	387	1.0	763	2.0	1150	3.1
1986	352	0.9	552	1.5	904	2.4
1987	299	0.8	605	1.6	904,	2.4
1988	265	0.7	494	1.3	759	2.0
1989	237	0.6	528	1.4	765	2.0
1990	272	0.7	-	-	-	-
1990*	624	1.6	-	-	-	-

Source: The Drug Treatment Centre, 1980-1990.
Approximately 7% of clients live outside the Greater Dublin Area.

*The Dublin Drug Misuse Reporting System, 1990.

Table 3a. Admissions to Psychiatric Hospitals of Dublin City Residents with a Drug Diagnosis, 1981 – 1985. Number and Rates per 1,000 population aged 15-39.

ICD 9	1981	1982	1983	1984	1985
292 Primary	8	6	9	8	6
Secondary	0	0	2	2	1
Sub Total	8	6	11	10	7
304 Primary	76	63	72	44	56
Secondary	5	1	10	19	19
Sub Total	81	64	82	63	75
305 2-9 Primary	5	6	3	7	0
Secondary	2	0	2	1	0
Sub Total	7	6	5	8	0
Number Total	96	76	98	81	82
Rate	0.3	0.2	0.3	0.2	0.2

292=Drug Psychosis 304= Drug Dependence 305 2-9=Non-dependent abuse

Source: National Psychiatric In-Patient Reporting System, Health Research Board, Dublin.

Table 3b. Discharges from General Hospitals of Dublin City Residents with a Drug Diagnosis, 1981 - 1985.

Number and Rates per 1,000 population aged 15 - 39.

ICD 9	1981	1982	1983	1984	1985
292 Primary	1	3	1	3	3
Secondary	1	0	2	1	0
Sub Total	2	3	3	4	3
		T			
304 Primary	150	155	180	159	181
Secondary	53	86	130	144	131
Sub Total	203	241	310	303	312
305 2-9 Primary	6	8	9	6	4
Secondary	12	14	6	13	7
Sub Total	18	22	15	19	11
Number	223	266	328	326	326
Total					
Rate	0.6	0.7	0.9	0.9	0.9

292=Drug Psychosis 304=Drug Dependence 305 2-9=Non-dependent abuse

Source: Hospital In-Patient Enquiry System,
Health Research Board.Dublin.

Table 4. Drug-Related Hepatitis B Cases in the Greater Dublin Area, 1980 - 1990.

Numbers and Rates per 1,000 population aged 15-39.

	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
Number	42	217	168	165	98	91	74	85	13	18	6
Rate	0.1	0.6	0.5	0.4	0.3	0.2	0.2	0.2	0.0	0.0	0.0

Mean Age----------	21.7----------	21.7	23.4	26.6	28.2	24.6
Both Sexes						
Male/Female Ratio--------	4.4:1----------	2:1	2:1	4:3	11:7	5:1

Source: Virus Reference Laboratory, University College, Dublin.

Table 5. Persons Charged in the Dublin Metropolitan Area by Type of Drug, 1982. and 1984 - 1990. Numbers

Type of Drug	1982	1984	1985	1986	1987	1988	1989	1990
Cannabis Resin	443	379	427	380	412	745	715	1046
Cannabis	170	152	101	83	69	45	52	80
Heroin	199	329	359	329	260	87	85	70
Morphine	8	3	5	5	5	10	16	55
Opium	2	1	-	-	-	-	-	-
Barbiturates	6	7	-	-	-	-	-	-
Synthetic Narcotics	60	21	34	23	31	60	63	85
Cocaine	28	23	24	17	13	2	4	10
LSD	20	15	6	5	9	4	4	6
Psilocybin	4	8	3	3	9	3	5	5
Amphetamines	18	5	11	8	11	4	4	14
Other Offences under the Misuse of Drugs Act 1977.								
Forged Prescriptions	4	98	17	13	50	40	44	43
Importation of Drugs	16	17	19	14	74	63	58	71
Cultivation of Cannabis Plants	24	18	18	14	19	8	13	22
Cultivation of Opium Plants	-	1	-	-	-	-	-	-
Allow Premises to be used for Drug Abuse	23	28	17	13	21	10	10	23
Total	1025	1105	1041	907	983	1081	1073	1530

Source : Personal Communication, Garda Drug Squad.

Table 6. Adult Prisoners and Juveniles in Custody for a Drug Offence.

Ireland, 1st January 1986, 1987,1988.

Offence	1986	1987	1988
Larceny/Possession of Drugs	**0**	**3**	**16**
Poss. /Production/Cultivation Import/Export of Drugs	**52**	**45**	**27**
Sale or Supply to Others Poss. With Intend to Sell or Supply to Others	**22**	**25**	**23**
Forging/Altering Prescription Having a Forged/Altered Prescription	**0**	**0**	**0**
Total	**74**	**73**	**66**

Source : Annual Report on Prisons and Places of Detention, 1986, 1987 and 1988.

Table 7. Quantities of Drugs Seized in Ireland, 1980 – 1990, Kilograms.

TYPE OF DRUG	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990
Opiates/Opioids											
Opium	.02	.00	.01	.00	.12	.15	.00	.00	.00	.00	.00
Morphine	.01	.02	1.5	.00	.00	.00	.00	.00	.00	.29	.02
Heroin	.11	.17	1.3	1.4	.52	1.2	1.9	.05	.44	.40	.58
Other opiates/ opioids	.05	.06	.02	.01	.00	.00	.00	.00	.21	.30	.00
Stimulants											
Cocaine	.11	.08	.40	.10	.08	.29	.17	.03	.04	3.0	1.0
Amphetamine	.00	.11	.13	.11	.00	.09	.01	.14	.02	.05	.27
Other Stimulants	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
Hallucinogens											
Cannabis	728.9	145.2	163.8	203.1	98.9	805.1	31.4	10.3	21.6	150.0	17.2
Cannabis Resin	33.5	1646.5	172.7	485.9	12.5	7.3	11.7	99.3	229.0	43.6	114.8
Cannabis Oil	.00	.13	.03	.00	.00	.00	.01	.00	.00	.00	.00
Other Hallucinogens	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
Other Drugs	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00	.01
Number of Seizures	813	1204	1873	2278	1704	1637	1440	1235	1310	1562	2316

Source : Report on Crime 1980 - 1990, Commissioner Garda Siochana.

Table 8a. Illicit Drugs, Street Price for 1986-1990.

Drug	1986	1987	1988	1989	1990
Heroin	IR£200-300 per gramme	IR£200-300 per gramme	IR£200-300 per gramme	IR£200-300 per gramme	IR£200-300 per gramme
Cocaine	IR£200-260 per gramme	IR£200-260 per gramme	IR£100-150 per gramme	IR£100-150 per gramme,	IR£100-120 per gramme
Cannabis	IR£ 80-100 per ounce	IR£ 80-100 per ounce	IR£ 80-100 per ounce	IR£ 80-100 per ounce	IR£ 80-120 per ounce
Cannabis Resin		IR£115-125 per ounce	IR£115-125 per ounce	IR£115-125 per ounce	IR£120-150 per ounce or IR£5 - 10 per gramme
Amphetamines	IR£100-150 per gramme	IR£100-150 per gramme	IR£100-150 per gramme	IR£100-150 per gramme	IR£100-150 per gramme

Source : Personal Communication, Garda Drug Squad.

Table 8b. Purity of Illicit Drugs Seized, 1985-1990.

Drug		1985	1986	1987	1988	1989	1990
Heroin	Range	3%-70%	1%-60%	13%-87%	12%-79%	8%-84%	21%-81%
	Average	22%	27%	28%	33%	34%	63%
Cocaine	Range	40%-50%	9%-90%	8%-77%	19%-89%	71%-88%	10%-89%
	Average	-	43%	47%	51%	77%	89%
Cannabis Cannabis Resin		Varies with source for each year					
Amphetamines	Range	2%-61%	1%-44%	6%-30%	3%-22%	8%-11%	2%-13%
	Average	30%	22%	15%	18%	10%	10%

Source : Personal Communication, Forensic Science Laboratory. Department of Justice.

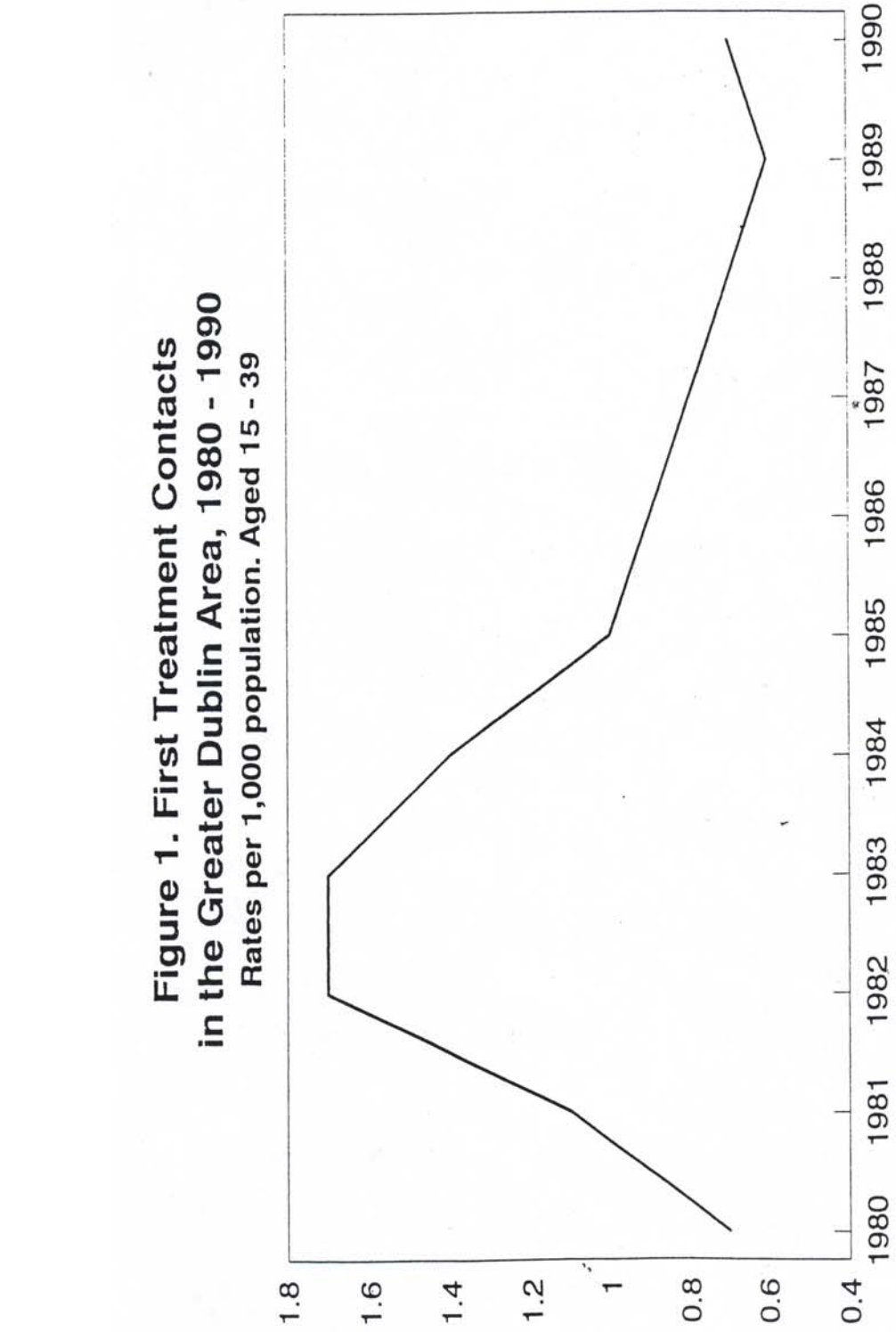
Table 9. Cumulative AIDS Cases. Ireland 1988-199Q*.

Cases	1988		1989		1990	
	N	%	N	%	N	%
Homosexuals/Bisexuals	16	41	34	39	54	38
IV Drug Users	13	33	30	34	49	34
Homosexual/Bisexual IVDU	4	10	5	6	7	5
Haemophiliacs	5	13	10	11	16	11
Heterosexuals	1	3	3	3	5	4
Babies born to IV Drug Users	-	-	4	5	7	5
Undetermined	-	-	2	2	4	3
Total	39	100	88	100	142	100

Source: The Department of Health.
*refers to April of each year

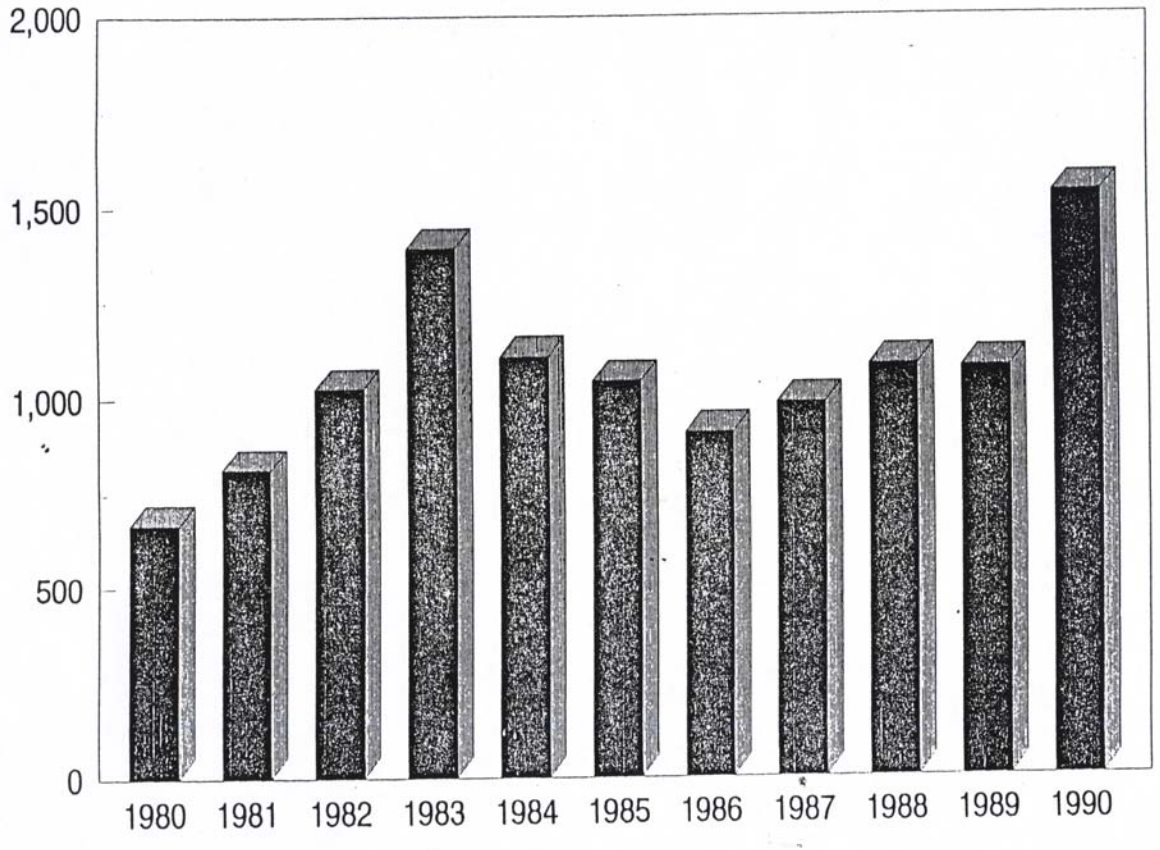
Figure 1. First Treatment Contacts in the Greater Dublin Area, 1980 - 1990

Rates per 1,000 population. Aged 15 - 39



Source : The Drug Treatment Centre

Figure 2. Persons Charged for Drug Offences in the Dublin Metropolitan Area, 1980 - 1990



Source: Personal Communication, Garda Drug Squad

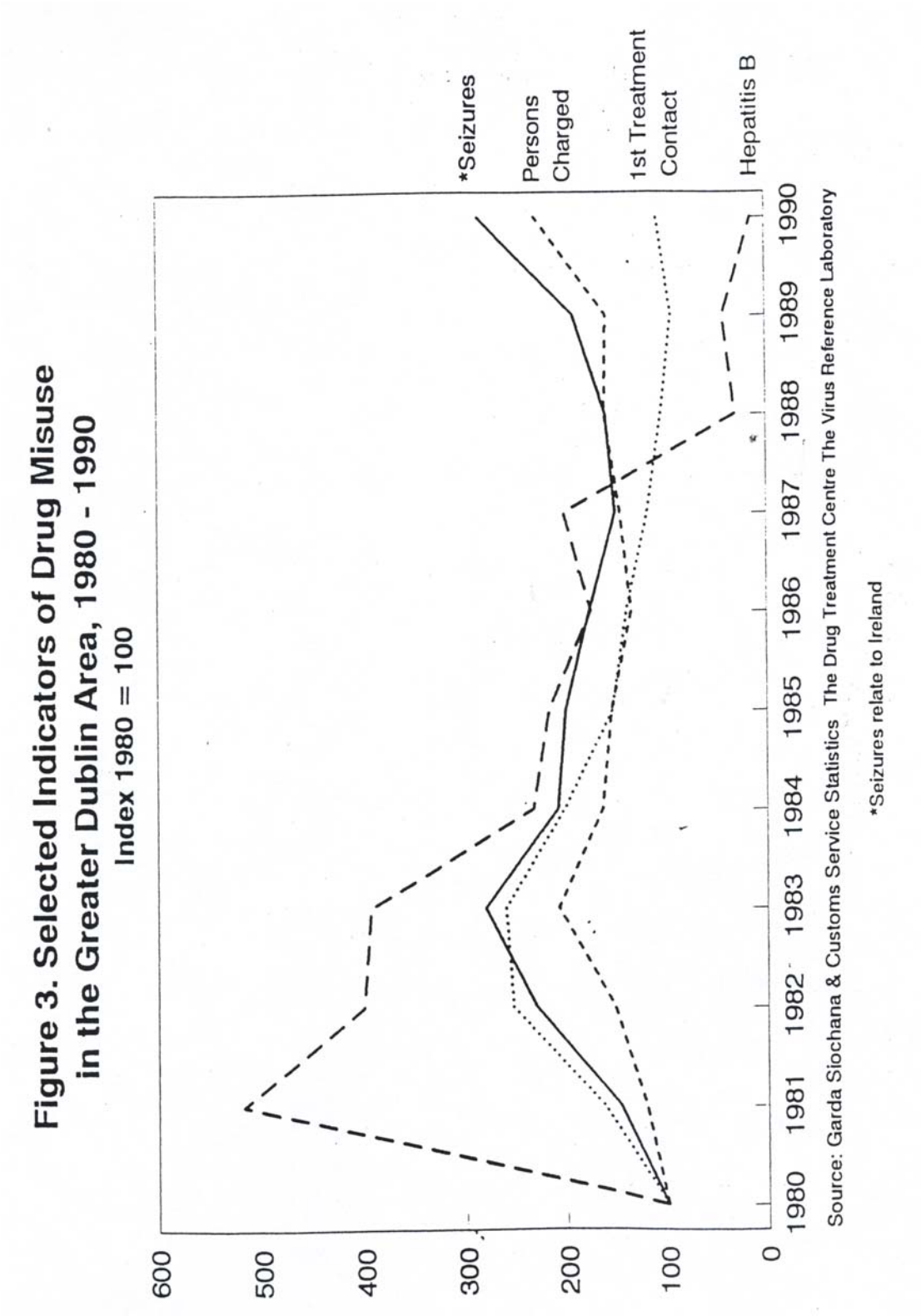


Figure 3. Selected Indicators of Drug Misuse
in the Greater Dublin Area, 1980 - 1990
Index 1980 = 100
600
500
400
300
200
100
0
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
*Seizures
Persons Charged
1st Treatment Contact
Hepatitis B
Source: Garda Siochana & Customs Service Statistics The Drug Treatment Centre The Virus Reference Laboratory
*Seizures relate to Ireland

APPENDIX II

Dublin Drug Misuse Reporting System
Treatment Centres

The Drug Treatment Centre

(formerly the National Drug Advisory and Treatment Centre). A statutory outpatient counselling, prescribing (methadone) and detoxification service, with 10 beds in Beaumount Hospital.

Coolemine Therapeutic Community

A voluntary non-prescribing agency providing counselling and support at induction, day programme, residential and after care level.

The Rutland Centre

A voluntary non-prescribing agency providing counselling and therapy at residential and day care level.

The Ana Liffey Project

A voluntary non-prescribing street agency offering counselling and support at day care level.

The Addiction Counsellors

A statutory non-prescribing service in the Dublin Community Care areas staffed by eight professional workers from various health centres offering counselling and support at day care level.

Ballymun Youth Action Project

A voluntary non-prescribing community based agency offering individual counselling**,** group work, family counselling and a range of social activities.

General Practitioner

A non-prescribing, counselling and support service provided by a general practitioner. Benzodiazepines have occasionally been used to detoxify patients.

Consultant Psychiatrists, St. Patrick's Hospital

A service provided by psychiatrists from a private psychiatric hospital at in or out-patient level.

Consultant Psychiatrists, St. John of God Hospital

A service provided by psychiatrists from a private psychiatric hospital at in or out-patient level.

Mountjoy Prison

A detoxification, counselling and support service.

St. Patrick's Institution

A detoxification, counselling and support service.

Arbour Hill

A detoxification, counselling and support service.

Probation Service, Smithfield

A statutory counselling and support service for clients on probation.

Talbot Day Centre

A statutory community-based programme for drug free youth providing remedial education, individual and group counselling. Group therapy is also available for family members.

Mater Dei Counselling Centre

A voluntary specialised counselling unit for adolescents, providing out padent services, such as, individual counselling, family therapy and drama group.

Mater Child and Family Centre

A statutory agency providing out patient services, for example, counselling and therapy.

Ushers Island Clinic and Day Centre

A statutory agency providing assessment and treatment for disturbed adolescents on an out-patient basis.

Wheatfield Prison

A detoxification, counselling and support service.

Candle Community Trust

A community based centre for drug free young men providing day, personal development and training workshop facilities.

Merchant's Quay Project

A voluntary service providing counselling and advice to drug users affected by HTV and also referral to other agencies.

Institute of Psychosocial Medicine

A voluntary non-prescribing agency providing therapy and counselling at day care level.

AIDS Resource Centre

A statutory specialised outreach needle exchange and methadone maintenance programme.

APPENDIX III

GLOSSARY OF TERMS AND DEFINITIONS

Drug Misuse

In the context of this report drug misuse is defined as the taking of a legal and/or illegal drug or drugs (excluding alcohol, other than as a secondary drug of misuse, and tobacco) which harm the physical, mental or social well-being of the individual, the group or society.

First Treatment Demand

In Dublin this refers to clients who receive treatment for their problem of drug misuse for the first-ever time from specified treatment centres in the defined catchment area.

Hospital Admissions

The term adheres to the WHO definition of a stay in hospital lasting one night or more, irrespective of whether the patient is admitted for the first time, re-admitted ... or transferred from another hospital.

The term hospital admissions in this report is used in relation to admissions to psychiatric hospitals, while hospital discharges refer to discharges from general hospitals.

Viral Hepatitis

Viral hepatitis cases refer to drug users who have tested positive for Hbsag. Testing for Hbsag is considered by the Virus Reference laboratory in Dublin as the most appropriate test in monitoring IV drug use as the surface antigen marker determines whether one is a carrier of the virus or not.

Drug-Related Deaths

These deaths refer to deaths of drug users from the Garda Drug Squad of persons notified to them as having died. The list is neither complete nor comprehensive.

Police Arrests

In the Irish context statistics are available only for persons charged by the Gardai and not for arrests made.

Imprisonment

The only imprisonment data currently available refer to persons in custody on a particular day for a drug offence.

Seizures of Illicit Drugs

These data refer to seizures of illicit drugs made by either the Gardai, or the Customs Service, or made jointly.

Price/Purity of Illicit Drugs

Price of illicit drugs refers to the street price and is provided by the Gardai based on information from drug users, dealers and informal sources excluding undercover agents. The purity of drugs is based on drugs which are seized in the process of criminal investigation; these include those seized and considered not for the Irish market.

AIDS

The definition of AIDS used is the international one of CDC.

Gardai

Gardai is the Irish word for police and the Garda Drug Squad is the police drug squad.

APPENDIX IV

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